Meeting Report
HIT Standards Committee
Summary of the December 18, 2009, Meeting

KEY TOPICS

1. Call to Order
Judy Sparrow, Office of the National Coordinator (ONC), welcomed participants to the HIT Standards Committee virtual conference, and conducted roll call.

2. Comments from the National Coordinator
David Blumenthal noted that this is the first completely virtual HIT Standards Committee meeting. The group is waiting for major regulations to be issued, which should occur soon. Following issuance of these regulations, a significant amount of comments will be forward to the HIT Standards and Policy Committees based on the work they have done to date.

3. Overview of Meeting
Jonathan Perlin, Chair of the HIT Standards Committee, explained that during this meeting, Committee members would hear from representatives of each of the Committee's Workgroups, and begin to discuss the next phase—not just what the standards are, but also ideas around the theme of overcoming barriers and effectively implementing within the various areas affecting standards development.

4. Privacy and Security Workgroup Update and Review of Security Issues Hearing
Privacy and Security Workgroup Chair Dixie Baker reported that since the Workgroup presented its recommendations, she has received feedback from the overall HIT Standards Committee as well as the HIT Policy Committee indicating that there is not widespread understanding of the recommendations and how the pieces fit together. She reviewed the standing recommendations, explaining that the standards are intended for use in certifying products, to indicate the kind of privacy and security functionality that a product should have. The second step is to determine how those products are actually used within the organization, to assure that the organization will be able to use whatever the product is as a tool to comply with the Health Insurance Portability and Accountability Act (HIPAA) and the American Recovery and Reinvestment Act (ARRA), and to be ready for meaningful use.

Dixie Baker presented a slide that listed standards that support HIPAA/ARRA as well as those that represent additional supportive standards gleaned from the Healthcare Information Technology Standards Panel's (HITSP) body of work. The Privacy and Security Workgroup discovered a potential problem with the standard for protecting the integrity of data. The Workgroup has changed its recommendations to allow the use of the SHA1 algorithm for transport layer security, but it requires one of the other algorithms for protecting the integrity of data at rest. Committee members were provided with the exact working of the recommendation changes.

Dixie Baker then discussed the security hearing panels that were held on November 19. The panels covered the following areas: (1) system stability and reliability; (2) cybersecurity; (3) data theft, loss, and misuse; and (4) building trust. At the hearing, the Workgroup continually heard the message to "keep it simple." That is not to say that there should not be standards that contain complexity, but rather that standards-based components need to be created that are easy to implement and use. Other key points that were made at the hearings included: (1) implement "defense in depth," or layered security; (2) the days of tightly controlled perimeters are long gone—standards need to address distributed, mobile, wireless, and virtual resources, as well as computers embedded into biomedical devices; and (3) there is a need to measure security "outcomes."

In discussion, the following points were made:
- Committee Vice Chair John Halamka explained that whether a technical standard is needed for auditing, or just a policy that states that auditing is necessary, is a point of debate. At the hearing, the Workgroup heard that audit exchange is incredibly important for trust, and so the notion that there would be a standardized set of elements seems important.
- Wes Rishel clarified that the testimony on the issue of biomedical devices and failures of vendors to provide timely patches—the U.S. Food and Drug Administration does not require recertification for a manufacturer to issue a patch.
- It was suggested that the Committee note how many vendors have tested in connect-a-thons for a given protocol. Wes Rishel added that unlike demonstrations, connect-a-thons represent a genuine collaboration among a group of parties trying to determine how best to make things work.
- Carol Diamond reiterated a comment from the hearing, that security alone is an endless discussion, and that the industry was asking for policy guidance. It is important for all of these issues to have clear policy guidance and expectations articulated, because some of the more technical requirements, while directionally correct, may actually exceed what is required by policy.
- Walter Suarez noted that there is some confusion between the base standards that are being named and the guidance documents that help to clarify how those base standards are to be implemented. It falls upon this Committee to help the industry understand not just which standard to use, but how to technically implement them.
- Chris Ross commented that the important question to answer is, what is achievable that is minimally sufficient?
- Dixie Baker suggested that it would be beneficial to revisit all of the Committee's recommendations from the perspective of making sure they are as simple as possible and that they apply to small organizations/groups/practices. David McCallie suggested that "start simple" may be a better way to phrase this approach. There is a naturally stepped process ahead for 5 years or more. Starting simple and getting more complex seems to be a sound way to proceed. He indicated that some of the goals could be started with some small steps in that direction (in this case, the Committee can take advantage of the fact that there is already a guaranteed set of steps).

5. Clinical Operations Workgroup's Task Force on Vocabulary – Update
Clinical Operations Workgroup Chair Jamie Ferguson presented the Task Force on Vocabulary's charge from ONC and its membership list, which includes representatives from all of the

standards organizations, the HIT Standards Committee, and ONC members. The group will focus on what it has heard already, and what it reviewed during its kickoff meeting. Input from the Implementation Workgroup has indicated a need to create publically available vocabularies and code sets, and to make sure that they are easily accessible and updatable.

Jamie Ferguson discussed medication crossmaps. The Implementation Workgroup noted a number of gaps in terms of the availability of crossmaps as well as subsets and value sets. A value set is a particular list of codes/concepts that describes the universe of vocabulary for a particular purpose, where a subset is more of a convenience for implementers. There is also a need for processes to govern the creation, maintenance, and selection of vocabulary subsets and value sets, and the need for binding value sets to content exchange standards where necessary.

Workgroup Co-Chair Betsy Humphreys noted that one of the Vocabulary Task Force's first activities will be to make sure all parties are talking about the same thing with regard to value sets, subsets, etc. Multiple definitions of all of these terms were being used initially. There are obvious issues with regard to determining who gets to make changes. Some of the governance issues are fairly well laid out in the law; others are not. She also pointed to the issue of infrastructure, and the fact that the group is dealing with at least two kinds: (1) infrastructure that will make it easier for those creating subsets and value sets to do so in an effective/efficient way; and (2) infrastructure that makes it easy for people to understand what they are supposed to be using, and for what purpose.

Some tasks will be much more immediately useful in helping to achieve meaningful use. The Task Force's work will include a significant amount of education and communication; the group plans to determine how best to utilize the extension centers to help with this activity. As one who would like to see much greater coordination among these activities, Betsy Humphreys commented that the legislation and meaningful use offers an opportunity to achieve greater coordination and simplicity. She identified the following vocabulary standards gaps and issues for the Vocabulary Task Force: cross-maps, testing and implementation guidance, tooling for implementers, subsets and value sets, binding value sets to content exchange standards, and regulatory.

Jamie Ferguson commented that the Task Force needs to determine its priorities and focus initially on both process definition and level-setting. Then as it moves into hearings, it will need to understand what would be most helpful to implementers—particularly small provider implementers, most of whom are not very close to meaningful implementation of controlled vocabularies. The Task Force intends to create a structure for obtaining input with regard to what would be most helpful. Vocabulary Task Force members have discussed an approach wherein each meeting would include both a public testimony session and panels with invited experts in order to get input from all sides. The Task Force plans to have monthly meetings before each Standards Committee meeting.

The Committee's subsequent discussion included these points:
- Nancy Orvis noted that the idea of defining the process for narrowing these vocabularies down is extremely important, given some of the prototypes that the Department of Defense (DoD) and the Veterans Administration (VA) developed a few years ago. One of the key

issues is that the organizations on the sending and receiving sides have to agree that they take their organization's content and map it to the reference terminology in the same sequence.

- The Workgroup has considered adding representation from the American Medical Association (AMA) to the group.
- Nancy Orvis suggested that the Workgroup consider incentivization as well as compliance. There has been interest from lab machine manufacturers, but as health organizations put out purchasing contracts for these types of things, they tend to give preference to those vendors that already have, for example, LOINC codes embedded.

6. Implementation Workgroup Update
Implementation Workgroup Chair Aneesh Chopra commented that the Workgroup's 30-day "sprint" has concluded. The Workgroup will resume activities in January to consider how to prepare for 2013, building off of the lessons learned and comments generated from its recent efforts. He has presented the group's findings to the Policy Committee, and the Implementation Workgroup's method of gathering input may be replicated elsewhere.

7. Nationwide Health Information Network (NHIN) Workgroup Update
Farzad Mostashari noted that the NHIN Workgroup is chaired by David Lansky and listed the group's membership and broad charge. The NHIN should help a motivated provider achieve meaningful use in 2011 and beyond. That simple assumption provides a great deal of focus. The meaningful use recommendations of the Policy Committee involve health information exchange. There are different aspects of that, but in terms of the initial set of recommendations for 2011, they do not require a patient index. Because the Policy Committee recognized that such a capability was not likely to be available in 2011, it was not included.

A guiding question focusing the NHIN Workgroup's efforts is, what can be the foundational element that we can put in place today that can help support simplified exchange? Farzad Mostashari presented a series of slides defining the role of NHIN, recognizing that the members of this Committee know more about NHIN than most.

The discussion that followed included these points:
- John Halamka noted that the intent is to engineer for "the little guy," to create something that will work for everyone, and something that will work today, that can build toward the future.
- Stan Huff commented that he hopes they are starting on a journey in which they are increasing the computer-processable exchange of information, which includes many of the things that were discussed earlier regarding value sets tied to specific items. The value that they can provide is in the sharable set of logical models for how information is constructed, and the terminology that is used with those structures to make them interoperable.
- Farzad Mostashari explained that the mission for this Workgroup in the near term is determining what the right secure architecture for getting information over the Internet.
- Wes Rishel said he fully supports Stan Huff's earlier comment about the need to get to an expansion of the amount of data that can be represented in structured formats, over a period of time. He emphasized that they are focusing on expansion over time.
- Dixie Baker noted that looking at the NHIN from the perspective of a security engineer, there are several concepts that need to be factored in. A basic tenet of security is defense in depth. This was mentioned in terms of levels; there is a need to think about security from the users'

perspective, at the application level, and at the organizational level, especially when addressing authentication, but also securing between them. She hopes that the NHIN is not just message security, but that it addresses security in depth. Also, she noted the need to implement security so that it is easiest to do the right thing, which means minimizing the number of decisions people need to make to make it work.

- Kevin Hutchinson noted that the federal government is getting ready to distribute a large amount of money for the continuation of development of health information exchanges (HIEs) at the local level. He asked, how does this work on NHIN relate to the standards group as it applies to HIEs at their production level today? Farzad Mostashari said he thinks that the NHIN could be almost fractal, in that it uses some of the basic tools and approaches to do not just inter-communication, but also to serve as a model to create local information exchanges. Local developers should be looking at NHIN not just for specifications, but also for tools.

8. Public Comment
Before the start of the public comment period, Jonathan Perlin asked for approval of the last meeting's minutes.

> **Action Item #1:** Minutes from the last meeting were approved by consensus.

Judy Sparrow said that text comments submitted will not be read aloud during this meeting, but they will be added to the public record.

David Pal from Siemens Health Care thanked the Committee for not letting "the perfect" get in the way of "the good." The problem is, right now many people are on the edge of their seats, planning to work through the last 2 weeks of the year reviewing the interim final rule—if it is published. He strongly urged the ONC and Centers for Medicare and Medicaid Services to make clear the timing for the publication of these records, especially if they are not going to be available in December. He suggested updating the HIT Buzz blog with this information.

SUMMARY OF ACTION ITEMS

Action Item #1: Minutes from the last meeting were approved by consensus.